

LR 513 PCMH Working Group  
February 12, 2013

In attendance:

Ann Frohman, NMA

Dr. Bob Rauner, Healthy Lincoln

Dr. Joe Miller, Plum Creek Medical Clinic, Lexington

Bruce Reiker, NHA

Cora Micek, Coventry

Dr. Deb Esser, Coventry

Dr. David Filipi, BCBS

Michaela Valentine, BCBS

Margaret Kohl, Senator Mike Gloor

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Roger Keetle, Senator John Wightman

By phone: Dan Clute and Jarrod Forbes, UHC

The discussion began with Dr. Deb Esser reviewing the proposed pediatric and obstetric measures that she, Dr. Tom Tonniges and Dr. Scott Applegate worked on. Dr. Filipi agreed they are appropriate. Dr. Rauner asked if they are added to the adult measures or the replace some of the adult measures. Dr. Miller mentioned that their ACO is already working on 22 adult measures and too many measures lessens the focus and effectiveness. After discussion, consensus was the pediatric and obstetrical measures are additive.

Dr. Filipi referred to these as “universal” measures that individual clinics or physicians can pick five or six to focus on. He mentioned that BCBS focused on immunizations at 2 years, BMI percentage and fill rate for asthmatics for their pediatric measures. Dr. Esser mentioned that because Medicaid has their own pharmacy they get the pharmacy information 3 months late, therefore, they can't do fill rates effectively.

Discussion turned to acceptance of certification/qualification. Will our agreement accept certification as a PCMH through NCQA? Joint Commission? And Tier I and II of the Medicaid Pilot Program? It was agreed that any of these certification/qualifications was appropriate.

Senator Gloor returned to the universal measures discussion asking if the top five or six items are going to be clinic specific or statewide? Dr. Esser voiced that she wants the universals agreed upon and then the clinic to pick their priorities to focus on, much like the Medicaid Pilot, choosing 3 core items to focus on and 3 alternatives.

Dr. Filipi noted that “fill rate” was not listed in the measures. Dr. Miller asked to reduce pediatric measures from 30 to 10 and how they compare to the HEDIS measures. Dr. Esser offered to send the HEDIS comparison to Dr. Miller for his review. Dan Clute offered that they need to stay consistent with HEDIS measures.

The time frame for any agreement of measures was questioned. HEDIS change every year, while NCQA changes every 3 years and Dr. Esser stated that Coventry used different measures for different insurance products. Is it possible for payers to announce by a certain date, the measures for the next years focus? Dr. Esser agreed to revisit the pediatric measures with Drs. Tonniges and Applegate and to set the core measures that clinics could then pick from.

A more general discussion of why PCMH works focused on care coordination, how to gauge payment based on utilization measures.

Cora Micek asked about strategy for the hearing scheduled for later that day and what Senators were expecting of the insurance companies for testimony. Discomfort was voiced with the mandated time frames stated in the bill and the possibility of testimony in opposition was discussed. Margaret Kohl gave a run down of planned testimony. Senator Gloor and Roger Keetle assured that the insurance company representatives that the bill was not in a form ready to move from committee and Roger agreed to request that Senator Wightman ask the committee to hold the bill.

The next meeting date was set for March 22, 2013 at 9 a.m.